

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular			<u>2</u>	<u>2/5/18</u>		<u>MEN KUI</u>	
Follow-up	<u>/</u>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint		<u>/</u>	RATING	<u>1:50 PM</u>	<u>3:10 PM</u>	<u>BUDDY CORPORATION</u>	
Investigation			<u>A</u>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<u>170001587</u>		<u>#144 FALTA ROAD, TUMON</u>	
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY	
<u>RESTAURANT</u>			<u>6</u>	<u>649-0212</u>	<u>0</u>	<u>3</u>	
					No. of Repeat Risk Factor/Intervention Violations		
					<u>0</u>		

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performance duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	N/A	N/O		6
Proper eating, tasting, drinking, betelnut, or tobacco use						
5	IN	OUT	N/A	N/O		6
No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	N/A	N/O		6
Hands clean and properly washed						
7	IN	OUT	N/A	N/O		6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed						
8	IN	OUT				6
Adequate handwashing facilities supplied & accessible						
<b>Approved Source</b>						
9	IN	OUT				6
Food obtained from approved source						
10	IN	OUT	N/A	N/O		6
Food received at proper temperature						
11	IN	OUT				6
Food in good condition, safe, and unadulterated						
12	IN	OUT	N/A	N/O		6
Required records available: shellstock tags, parasite destruction						
<b>Protection from Contamination</b>						
13	IN	OUT	N/A			6
Food separated and protected						
14	IN	OUT	N/A			6
Food contact surfaces: cleaned & sanitized						
15	IN	OUT				6
Proper disposition of returned, previously served, reconditioned, and unsafe food						

  

Compliance Status				COS	R	PTS
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	N/A	N/O		6
Proper cooking time and temperatures						
17	IN	OUT	N/A	N/O		6
Proper reheating procedures for hot holding						
18	IN	OUT	N/A	N/O		6
Proper cooling time and temperature						
19	IN	OUT	N/A	N/O		6
Proper hot holding temperatures						
20	IN	OUT	N/A			6
Proper cold holding temperatures						
21	IN	OUT	N/A	N/O		6
Proper date marking and disposition						
<b>Consumer Advisory</b>						
22	IN	OUT	N/A			6
Consumer Advisory provided for raw or undercooked foods						
<b>Highly Susceptible Populations</b>						
23	IN	OUT	N/A			6
Pasteurized Foods used; prohibited foods not offered						
<b>Chemical</b>						
24	IN	OUT	N/A			6
Food additives: approved and properly used						
25	IN	OUT				6
Toxic substances properly identified, stored, used						
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	N/A			6
Compliance with variance, specialized process, and HACCP plan						

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33	X		Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1

  

Compliance Status				COS	R	PTS
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52	X		Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting: designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person In Charge (Print and Sign)		Date:
<u>SUMIKO KUDO</u>		<u>02/05/18</u>
DEH Inspector (Print and Sign)	V. RAYMUNDO	Follow-up Date
<u>KATHERINE BUENAS</u>		<u>3/7/18</u>
Follow-up (Circle one):		
<u>YES</u> NO		

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ESTABLISHMENT NAME <b>MENKUI</b>		LOCATION (Address) <b>#144 FUJITA ROAD, TUMON</b>
INSPECTION DATE <b>2.5.18</b>	SANITARY PERMIT NO. <b>170001587</b>	PERMIT HOLDER <b>BUDDY CORPORATION</b>

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
PORK LOIN / CHILLER #1	42.5		
GROUND PORK / CHILLER #1	35.0		
PORK CHATSU / CHILLER #1	41.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED BASED ON AN INSPECTION DATED 1/23/18 (33/C), ALL PREVIOUS VIOLATIONS WERE CORRECTED. ITEM # 7, 13, 14, 21, 33, 34, 35, 36, 38, 44, 45, & 52. THE FOLLOWING NEW VIOLATIONS WERE OBSERVED:	
#33	NO THERMOMETERS PROVIDED AT ALL NEW CHEST FREEZERS AND SMALL CHILL UNIT. THERMOMETERS SHALL BE PROVIDED IN ORDER TO MONITOR EQUIPMENT AND ENSURE EQUIPMENT IS PROVIDING ADEQUATE TEMPERATURE FOR FOOD.	3/1/18
#52	NO SELF-CLOSING PROVIDED IN BOTH RESTROOM DOORS. SELF-CLOSING DEVICES SHALL BE PROVIDED TO PREVENT PESTS FROM ENTERING. ALSO NOXIOUS FUMES AND ODOR FROM RESTROOMS.	3/7/18
	PICTURES OF VIOLATIONS WERE TAKEN. RETRIEVED "C" PLACARD NO. 00276 POSTED "A" PLACARD NO. 03089	
	THIS DISCUSSED REPORT WITH PERSON IN CHARGE, SUMIKO KUDO	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person In Charge (Print and Sign) <b>SUMIKO KUDO</b>	Date: <b>02/05/18</b>
DEH Inspector (Print and Sign) <b>KATHERINE DUEÑES</b>	Date: <b>2/5/18</b>

White: DPHSS/DEH Yellow: Food Establishment